2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2004
Secretary of State

DOCUMENT# L02000008553

Entity Name: ALURIA SOFTWARE LLC

Current Principal Place of Business:

725 PRIMERA BLVD
SUITE 230
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

725 PRIMERA BLVD
SUITE 230
LAKE MARY, FL 32746 US

New Mailing Address:

475 MONTGOMERY PL
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 74-3042855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARRISON, MATTHEW G
900 CAITLIN POINTE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	GARRISON, MATTHEW G	
Address:	900 CAITLIN POINTE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	MGRM	( ) Delete
Name:	GARRISON, JAMIE E	
Address:	900 CAITLIN POINTE	
City-St-Zip:	LONGWOOD, FL 32750 US	
Title:	MGRM	( ) Delete
Name:	KRUSE, JAMES H	
Address:	329 RANDON TER.	
City-St-Zip:	LAKE MARY, FL 32746 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATTHEW GARRISON MGRM 06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date